## PART B - FEE(S) TRANSMITTAL

, , ,	PART B - FEE(S) TRANSMITTAL					
Complete and send this form, together with applicable fee(s), to: Mail or Fax				Mail Stop ISSU Commissioner f P.O. Box 1450 Alexandria, Vir (703) 746-4000	E FEE or Patents ginia 22313-1450	BITEN
maintenance fee not acation	below or diffected otherwise ns. المنافقة	in Block 1, by (a)	FEE and PUBL ers and notification specifying a new	ICATION FEE (if required in of maintenance fees correspondence address	uired). Blocks 1 through 5 will be mailed to the curren s; and/or (b) indicating a sep	should be completed where t correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  20350 7590 03/23/2005  TOWNSEND AND TOWNSEND AND CREW, LLP TWO EMBARCADERO CENTER EIGHTH FLOOR SAN FRANCISCO, CA 94111-3834 5/28/2005 HDENESS2 00000056 201430 09932405				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.  Margaret K Stephan (Depositor's name)		
				FC:1501 1400.00 DA FC:1504 300.00 DA		
PFC:1504 300.00 PFC:8001 30.00		-		June <i>0</i> 23, 20	005	(Date)
APPLICATION NO.	FILING DATE	FI	IRST NAMED INVI	ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
APPLN, TYPE	ISK ARRAY CONTROL A	PPARATUS AND C		-		
			3	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	nonprovisional NO			\$300	\$1700	06/23/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS		
HUYNH, KIM NGOC		2182		710-074000	_	
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form  (1) the names of or agents OR, all (2) the name of a registered attornament.				n the patent front page, I f up to 3 registered pate ternatively, a single firm (having as ey or agent) and the nar nt attorneys or agents. I will be printed.	a member a nes of up to	nd and Townsend/ and Crew LLP
3. ASSIGNEE NAME AND	RESIDENCE DATA TO E	E PRINTED ON TH	HE PATENT (prin	t or type)		
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee da of this form is NOT:	ata will appear on a substitute for fil	the patent. If an assig	nee is identified below, the	document has been filed for
(A) NAME OF ASSIGN				TY and STATE OR CO	DUNTRY)	
Hitachi,	Ltd.	(=)		yo, Japan		
					Corporation or other private g	roup entity Government
4a. The following fee(s) are Kissue Fee	enclosed:	_	Payment of Fee(s)		14	
A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.						
					charge the required fee(s), or (enclose an extra	credit any overpayment, to
	(from status indicated above MALL ENTITY status. See	e) _			(enclose an extra	
The Director of the USPTO		ue Fee and Publication	on Fee (if any) or t		sly paid issue fee to the applic gistered attorney or agent; or	
Authorized Signature				Date	June 23, 2005	·····
Typed or printed name Robert C. Colwell				Registration	n No. 27,431	····
,					the public which is to file (ar minutes to complete, includi- comments on the amount of the d Trademark Office, U.S. Depter S. SEND TO: Commissioner displays a valid OMB control	nd by the USPTO to process) ng gathering, preparing, and ime you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,